

AMENDMENTS TO THE CLAIMS:

This listing of claims will replace all prior versions, and listings, of claims in the application:

1. to 5. (Withdrawn)

6. to 29. (Canceled).

30. to 52. (Withdrawn)

53. (Previously Presented) An extracorporeal method for treating blood from a patient comprising:

a. withdrawing blood through a withdrawal needle in a surface peripheral vein in an extremity of the patient, and determining that an amount of blood being withdrawn is insufficient for treating the blood;

b. replacing the needle with a blood withdrawal catheter inserted in the surface peripheral vein, and maneuvering the catheter through the vein to position a tip of the catheter in one of a large vein, great vein or vena cava to access a reservoir of blood for continuous blood withdrawal;

c. drawing blood from the reservoir of blood into the withdrawal catheter and into a withdrawal blood tube of an extracorporeal blood circuit, and

d. applying a suction pressure to the withdrawal blood tube to cause blood to flow into the blood withdrawal catheter.

54. (Previously Presented) An extracorporeal method as in claim 53 wherein the needle has a length of 35 cm to 40 cm.

55. (Previously Presented) An extracorporeal method as in claim 53 wherein the determination that the amount of blood withdrawn is insufficient is made if a blood flow rate through the needle is less than 40 milliliter per minute.

56. (Previously Presented) An extracorporeal method as in claim 53 wherein the treatment is ultrafiltration and the catheter is positioned in the vein for a period of at least four hours..

57. (Previously Presented) A method as in 53 where the treatment is hemofiltration and the catheter is positioned in the vein for a period of at least four hours.

58. (Previously Presented) A method as in 53 where the treatment is dialysis and the catheter is positioned in the vein for a period of at least four hours.

59. (Previously Presented) A method as in 53 where the treatment is ultrafiltration.